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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. NOTICE OF APPEAL FROM THE EXAMINER TO Docket Number (Optional) THE BOARD OF PATENT APPEALS AND INTERFERENCES. 2272(218396) In re Application of Antonio Cattaneo et al. Application Number Filed 10/771,257-Conf. #2419 February 3, 2004 For INTRACELLULAR ANTIBODIES Art I Init Examiner 1631 J. M. Sims Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner. The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) 540.00 X Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown 270 00 above is reduced by half, and the resulting fee is: A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. х X The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 04-1105 A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed. WARNING: INFORMATION ON THIS FORM MAY BECOME PUBLIC, CREDIT CARD INFORMATION SHOULD NOT BE INCLUDED ON THIS FORM, PROVIDE CREDIT CARD INFORMATION AND AUTHORIZATION ON PTO-2038. I am the applicant /inventor. /Amy DeCloux/ Signature assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) Amy DeCloux Typed or printed name x attorney or agent of record. Registration number 54,849 (617) 239-0294 Telephone number attorney or agent acting under 37 CFR 1,34. May 18, 2009 Registration number if acting under 37 CFR 1.34. NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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forms are submitted.

\*Total of

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